Image# 201607069020363501 PAGE 1 / 4

FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | |
|----|--|----------------------------|-----------------|-----------------|--|-----------------------|------------------------|------------|--------|----------------|
| | MICHAEL BOST (b) Address (number and street) | ☐ Check if address changed | | | 2. Candidate's FEC Identification Number | | | | | |
| | 5 PORTER LANE | | | | | H4IL12060 | | | | |
| | (c) City, State, and ZIP Code MURPHYSBORO | | IL | 62966 | 6 | 3. Is This Statement | New (N) | OR | × | Amended (A) |
| 4. | Party Affiliation | 5. Office Sough | nt | | 6. State & Dis | rict of Candidate | | | | |
| | REPUBLICAN PARTY | House | | | IL | 12 | | | | |
| | DE | SIGNATIO | N OF PRI | NCIPAL | CAMPAIG | о соммітт | EE | | | |
| 7. | I hereby designate the following nar | med political cor | nmittee as m | y Principal (| Campaign Com | | 2016 ar of electior | _ election | on(s). | |
| | NOTE: This designation should be f | iled with the app | propriate offic | ce listed in th | ne instructions. | | | | | |
| | (a) Name of Committee (in full) MIKE BOST FOR C | ONGRES | S COM | MITTEE | | | | | | |
| | (b) Address (number and street) PO BOX 1212 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | MURPHYSBORO | | | | IL | 62966 | | | | |
| 8. | I hereby authorize the following nan candidacy. NOTE: This designation should be f | (II | ncluding Join | t Fundraisin | g Representatival campaign con | , | | d funds | on be | half of my |
| | (a) Name of Committee (in full) FRESHMAN AGRIC (b) Address (number and street) | CULTURA | L REPU | BLICAN | I MEMBE | RS TRUST | AKA FA | ARM | TRI | JST |
| | PO BOX 30844 | | | | | | | | | |
| | | | | | | | | | | |
| | PO BOX 30844 (c) City, State, and ZIP Code BETHESDA | | | | MD | 20824 | | | | |
| | (c) City, State, and ZIP Code | mined this State | ement and to | the best of I | | | e, correct and | d comple | ete. | |
| Si | (c) City, State, and ZIP Code BETHESDA | mined this State | ement and to | the best of | | | e, correct and | d comple | ete. | |
| | (c) City, State, and ZIP Code BETHESDA I certify that I have exa | mined this State | ement and to | | | and belief it is true | e, correct and | 1 comple | ete. | |
| M | (c) City, State, and ZIP Code BETHESDA I certify that I have exa | | | [Elect | my knowledge a | Date 07/06/2016 | | | | 137g. |

FEC FORM 2 (REV. 02/2009)

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

| FEC Form 2 (Rev. 02/2003) | | Page 2 / |
|---|---|-----------------|
| | OTHER AUTHORIZED COMMITTEES g Joint Fundraising Representatives) | [ADDITIONAL] |
| I hereby authorize the following named committee, which is NOT n candidacy. | ny principal campaign committee, to receive and expend funds o | n behalf of my |
| NOTE:This designation should be filed with the principal | al campaign committee. | |
| (a) Name of Committee (in full) | | |
| YOUNG GUNS DAY I 2014 | | |
| (b) Address (number and street) 228 S WASHINGTON ST STE 115 | | |
| (c) City, State and ZIP Code | | |
| ALEXANDRIA | VA 22314 | |
| | OTHER AUTHORIZED COMMITTEES ng Joint Fundraising Representatives) | [ADDITIONAL] |
| I hereby authorize the following named committee, which is NOT r candidacy. | my principal campaign committee, to receive and expend funds o | n behalf of my |
| NOTE:This designation should be filed with the principal | al campaign committee. | |
| (a) Name of Committee (in full) | | |
| PATRIOT DAY I 2015 | | |
| (b) Address (number and street) 228 S WASHINGTON ST STE 115 | | |
| (c) City, State and ZIP Code | | |
| ALEXANDRIA | VA 22314 | |
| | OTHER AUTHORIZED COMMITTEES ng Joint Fundraising Representatives) | [ADDITIONAL] |
| I hereby authorize the following named committee, which is NOT r candidacy. | my principal campaign committee, to receive and expend funds of | on behalf of my |
| NOTE: This designation should be filed with the principal | al campaign committee. | |
| (a) Name of Committee (in full) | | |
| YOUNG GUNS DAY I 2014 | | |
| (b) Address (number and street) 228 S WASHINGTON ST STE 115 | | |
| (c) City, State and ZIP Code | | |
| ALEXANDRIA | VA 22314 | |

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

| FEC Form 2 (Rev. 02/2003) | Page | 3 / | ′ ′ | 4 |
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)

(b) Address (number and street) PO BOX 2485

(c) City, State and ZIP Code SPRINGFIELD

VA

22152

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

PATRIOT DAY I 2015

- (b) Address (number and street) 228 S WASHINGTON ST STE 115
- (c) City, State and ZIP Code ALEXANDRIA

22314

VA

[ADDITIONAL]

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

YOUNG GUNS DAY I 2014

- (b) Address (number and street)
 228 S WASHINGTON ST STE 115
- (c) City, State and ZIP Code

ALEXANDRIA

VA

22314

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

| FEC Form 2 (Rev. 02/2003) | Page | 4 / | / 4 | 4 |
|---------------------------|------|-----|-----|---|
|---------------------------|------|-----|-----|---|

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)

(b) Address (number and street) PO BOX 2485

(c) City, State and ZIP Code

SPRINGFIELD

VA

22152

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

PATRIOT DAY I 2015

- (b) Address (number and street) 228 S WASHINGTON ST STE 115
- (c) City, State and ZIP Code

ALEXANDRIA

VA

22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

GOVERNING MAJORITY

- (b) Address (number and street) 831 LINWOOD COURT
- (c) City, State and ZIP Code

BIRMINGHAM

AL

35222